



Page 2: Information about the person or organisation completing this submission

Q1 This submission was completed by:

Name **frank niu**



Q2 Are you making this submission **as a registered practitioner**

Q3 Please tell us which part of the sector your submission represents **a registered dentist or dental specialist**

Page 3: Area one: new core recertification programme

Q4 What, if anything, do you like about our proposed core recertification programme?

not like it

Phase two consultation on recertification

Q5 Is there anything about our proposed core recertification programme you would change?

Yes,

Please explain.:

Nominating a specialist peer or a friend dentist? The nominated peer does not agree or have too many peers chose him/her? What's the criteria for choosing a proper peer to review your own PDAs? If an attestation was written, who's got review it and feedback to the practitioner or just file it. Does the dental council have enough resource to read and review them all and talk to each practitioners regarding their plans and achievements or deficiencies? If not, it is just a useless proposal and a waste of time. * There needs to be a standard and criteria for any plans to be actioned * Rules becoming more complex than before, More time needed for each practitioners will increase the stress to the already stressed professions, then we have to pass the overloaded time to increased price for public health treatment. * If a practitioner has already reduced his/her scope to just doing a confident job they have chosen to do, do they have to renew their knowledge and doing everything for their scope even not so confident to do so? Do they have a choice? e.g. some dentists choose not to remove wisdom teeth and would like to refer to other dentists or specialist. Will they fail the assessment and have to start wisdom teeth extractions? Some dentists are quite good on a particular subject e.g endodontic treatment and would like to develop further but not as a specialist. so these dentists might not have time to do all scopes of general practice, Can they just being treated as non competent on other profession because they have no time to do so?

Q6 Do you support our proposal to change the recertification cycle to 12 months?

No,

Please explain.:

12 months cycle is impractical because of the following reasons. * -low efficiency- as dentists will be forced to take courses just to fill requirements * - increases costs for the dentists * -limits dentists' ability/autonomy to choose the best course for them. what if not desired courses available in this year * -personal plan affected, e.g Family circumstances/Bereavement/Maternity Leave/Sabbaticals/Holidays will affect all of this.

Phase two consultation on recertification

Q7 Do you think our proposed core recertification programme should include a requirement for practitioners to complete an online open-book assessment of their technical and clinical knowledge and skills?

No,

Please explain.:

Once registered, our technical and clinical knowledge and skills had been tested and passed, After that, we will concentrate more on practical. A practitioner can pass online assessment doesn't mean this person is practically competent. vice versa, a practitioner can be a very competent dentist practically but no time to review the theories and fail the assessment? As mentioned before, the dentist could be very confident on one or a few fields but not doing other fields within it's scope, Do they have to pretend they were doing it and try to pass the assessment? Or a practitioner who passed all assessment and still doing a crap work? What's the meaning here to do so?

Q8 If a proposal about an online open-book assessment of a practitioner's technical and clinical skills and knowledge is supported, how often should practitioners be required to complete an assessment?

Every four years ,

Please explain.:

The current CPD cycle

Q9 Do you have other proposals about our proposed core recertification programme you would like us to consider? Please explain.

peer study group is more efficient than peer written PDAs.

Page 4: Area two: support for new registrants

Q10 What, if anything, do you like about our draft proposals for supporting new registrants?

mentorship

Q11 Is there anything about the draft proposals for supporting new registrants you would change?

Yes,

Please explain.:

How many mentors available there? what if the new registrants are not so passionate about it?

Q12 Do you think the proposed two year minimum period for the mentoring relationship is:

too long ,

Please explain.:

It's not about too long or too short, it depends on each individual. some individuals would like to try very hard and learn very quick while others develops slowly.

Phase two consultation on recertification

Q13 Do you think all new registrants should participate in a mentoring programme, or are there some new registrants who should not be required to participate in a mentoring programme?

Yes,
Please explain.:
same as above, it depends on the individual.

Q14 Do you have other proposals about supporting new registrants you would like us to consider? Please explain.

no

Page 5: Area three: addressing health-related competence decline concerns

Q15 What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

should be concerned but must have scientific evidence to do so.

Q16 Is there anything about the draft proposals for addressing health-related competence decline concerns you would change?

Yes,
Please explain.:
About eye test Why does it not follow the condition of driving licenses? * There needs to be a scientific basis to prove that dentists need regular eye exam to practise * Why 2 years? What is the evidence that 2 years is the optimal time frame for retesting * Need evidence supporting eye degeneration causing suboptimal treatment outcomes * What is the standard by which a dentist 'passes' or 'doesn't pass' an eye test- what is the scientific basis for this- is it possible to be long sighted, short sighted, have astigmatism? * Can we wear corrective lenses/loupes/LED/microscopes to correct?

Q17 Do you have other proposals for addressing health-related competence decline concerns you would like us to consider? Please explain.

what about if someone is alcoholic or drug user or psychologically unstable. Does that mean every practitioner has to be checked?

Page 6: Area four: addressing recurring non-compliant practitioner behaviours

Q18 What, if anything, do you like about our draft proposals for addressing recurring non-compliant practitioner behaviours?

consultation from a peer

Q19 Is there anything about the draft proposals for addressing recurring non-compliant practitioner behaviours you would change?

Yes,

Please explain.:

About complaint, just a number of complaints needed? Do they need to check that all the complaints were the dentist's fault? If a number needed, could that be abused by public to be used as a tool to let them achieve what they should not have right to do? e.g 3 complains were regarded as recurring non-complaint behaviour and the dentist might have 2 complaints already, one is the dentist's fault and the other was the patient fault. So the practitioner could be forced to accept unfair terms to avoid another complain?

Q20 Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

treat each case quantitatively rather than a figure.

Page 7: Final thoughts and comments

Q21 Do you have any other comments, suggestions or information you want to share with us about the draft proposals for improving our approach to recertification?

The increased time and cost for the practitioners will affect our work and we might pass our cost down to patients. There is already terrible feedback from the general population about cost of dentistry, and stigma involved in accessibility of dentistry. This will further reduce accessibility and add more barriers to care. This is counterproductive to what we are trying to achieve in the promotion of oral health and provision best of care for our patients.

The main purpose of the dental council is to 1. Facilitate dentistry, and dental professionals to be the best they can be- yet these new restrictions add undue stress to a group of the population that is already known to suffer from many mental/stress ailments
2. Dentists have less time to deal with practical areas of their work if more paper work required and time consumed. This is less than efficient. The increase in testing will also increase cost of dentistry as these costs will undoubtedly be passed down to patients. This therefore will hinder care, more than it